IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

No. 5384 P.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

| ndexed | |
|----------|------|
| Audited | |
| Checked | |
| Computer | |

| DEPARTMENT OR OFFICE | E RECEIVING THE | GIFT OR BEQUEST: |
|----------------------|-----------------|------------------|
|----------------------|-----------------|------------------|

| IA Department of Human Rights | | |
|--|--|--|
| Name of Department or Office | Des Moines IA 50319 | |
| | Cily, State, Zip Code | |
| Area Code & Telephone No. | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF | ICE: | |
| Kimperly Cheeks | A AMERICAN | |
| Name . | <u></u> | |
| Mailing Address (if different from above) kim.chæks@iova.gov | City, State, Zip (if different from above) | |
| Email Address | Area Code & Telephone Number (if different from above) | |
| OONOR OF GIFT OR BEQUEST: Kay Jeane Riley | · | |
| Name | | |
| 2910 Cayuga Pt Des Moines IA 50321-1315 | - \$100.00 | |
| Mailing Address City, State, Zip Code | 12/13/18 \$100.00 | |
| | Date of Gift or Bequest Amount/Value* | |
| Area Code & Telephone Number | value is defined as "fair market value" of Item as determined by | |
| | receiving department or office. If no value mark "0.00". | |
| Email Address (optional) | | |
| Provide a description of the gift or bequest and purpose thereof: Donation - 2019 MLK Event - "I Have a Dream" to | be held in DSM 1/19/19 | |
| Criteria to use this form: | | |
| Receipt of any gift or bequest that is received by any department of the | ne state or received by the Governor on behalf of the state. | |
| Statement of Affirmation: | | |
| | bove is accurate. I further affirm that the information concerning the donor and | |
| assessment of the fair market value (if applicable) is correct and true to t | the best of my knowledge. | |
| Lem Cheeks | 12/18/18 | |
| • • | Date | |